



APPLICATION FOR ACADEMIC CERTIFICATE

GENERAL INFORMATION

Please read the information below before completing the
Application for Academic Certificate Application

- **Academic Certificate Fee(s)** – Pay the fee(s) at the Student Financial Services Center before submitting the form to the Office of Graduate Studies (River Front Center, Room 206). **Please read the information below before completing the academic certificate application.**
- **Due Dates:** Return this form to the Office of Graduate Studies by the date noted below:
 - **October 1** for **Fall** Certificate Completion
 - **February 1** for **Spring** or **Summer** Certificate Completion
- **Changes to Academic Certificate Application** - *Make a copy of this application for your records.* If you have changes, please visit the Office of Graduate Studies, River Front Center, Room 206.
- **Approval of Academic Certificate Course Verification** – If you do not have an approved *Academic Certificate of Completion Course Verification* form on file with the Office of Graduate Studies, your Application for Academic Certificate application will be returned to you.
- **Certificate Mailing Address-** You will receive your certificate approximately **six (6) months** after Completion of Certificate Program.
Note: If your *address is different than the one listed on this form*, you must file a "Data Change Form" with the Office of Graduate Studies or update your records on your My Sac State account.
- **Approval Signature** – Obtain the appropriate signature of your departmental faculty advisor.



Office of Graduate Studies

Cashiers Receipt

Application for Academic Certificate

Acct Code: 751151-2260-\$10.00

Please pay the \$10.00 academic certificate fee at the Student Financial Services Center in Lassen Hall.

Due October 1 (Fall) and February 1 (Spring or Summer)

Read each section carefully to avoid mistakes and delays

Enter appropriate authorized academic certificate program:

Name & ID # used while attending Sacramento State

Name: [] Ms. [] Mr. [] Dr. [] Other: _____

Name on Certificate (legal name used while attending the university):

FIRST Name Middle LAST Name

Certificate Mailing Address: Your certificate will be sent to the address below. If you move prior to completing your certificate, please complete a "Data Change Form" and return it to the Office of Graduate Studies (River Front Center - Room 206).

Address: _____

Phone: _____ Email: _____

Student Signature: _____ Date: _____

Certification Date: [] Spring [] Summer [] Fall Year: _____

Approved: _____

Faculty Advisor _____ Date _____

Signature of Graduate Coordinator or Department Chair (see back for more details) _____ Date _____

Office of Graduate Studies Use

Academic Certificate Application:
Course Currency Exp.: _____
Certificate Conferral Date: _____
Checked By: _____
Posted by: _____
Notes: _____

Student ID #:
FIRST Name
MI
LAST Name